



REQUEST FOR
PASTURE TO PASTURE PERMIT
(WAC 16-86-017)

Washington State Department of Agriculture
Animal Services Division
PO Box 42577
Olympia WA 98504-2577
(360) 902-1878
FAX (360) 902-2087

I hereby request permission for pasture-to-pasture movement of the following described cattle into the state of _____:

My cattle are (check one): ☐ Beef ☐ Dairy ☐ Mixed

NUMBER OF ADULT FEMALES	NUMBER OF ADULT BULLS	NUMBER OF CALVES	NUMBER OF STEERS	NUMBER OF HEIFERS
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Are my females official *Brucellosis* calfhood vaccinates? ☐ Yes ☐ No

Bulls must be tested negative for *Trichomoniasis* or be certified virgins under 24 months of age. A copy of the test chart or signed affidavit of virgin status must accompany this application.

Is my brand on all animals (excluding calves at mother's side)? ☐ Yes ☐ No

My brand number:

Location of my brand: _____

In the space provided below, I describe the premises my cattle are moving from and to—I understand I am *required* to give an accurate description of location, mailing address and telephone number of the responsible person at each end of the movement.

CATTLE MOVEMENT ORIGINATES FROM	DESTINATION OF CATTLE
NAME OF OWNER OR MANAGER AT POINT OF ORIGIN	NAME OF OWNER OR MANAGER AT POINT OF DESTINATION
NAME OF RANCH MOVEMENT ORIGINATES FROM	NAME OF RANCH MOVEMENT DESTINED FOR
MOVEMENT ORIGIN LOCATION OR GPS COORDINATES	MOVEMENT DESTINATION LOCATION OR GPS COORDINATES
ORIGIN MAILING ADDRESS	DESTINATION MAILING ADDRESS
ORIGIN CITY, STATE, ZIP	DESTINATION CITY, STATE, ZIP
ORIGIN TELEPHONE NUMBER (INCLUDE AREA CODE)	DESTINATION TELEPHONE NUMBER (INCLUDE AREA CODE)

I request this permit for the following period of time to move my cattle (not to exceed six months):

PERMIT START DATE (MONTH, DAY, YEAR)	PERMIT EXPIRATION DATE (MONTH, DAY, YEAR)
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I understand that this permit is valid for one pasture-to-pasture movement only, and that this permit is restricted to the cattle, time period, and premises I have described above.

I also understand that:

- There is to be no movement or diversion of cattle from the premises I have described without prior notification of the state veterinarian in the state of destination.
- The only movement ordinarily permitted is for these cattle to return to the state of origin.
- Washington state law requires me to obtain a separate permit from the Animal Services Division for the return of my cattle to the state of Washington.
- Any unauthorized diversion of cattle or erroneous information on this application may result in denial or revocation of this pasture-to-pasture permit.
- The director of agriculture or his/her authorized representative may order quarantine, tests or inspections of my cattle as appropriate to protect Washington State livestock from contagious disease.
- This permit must be renewed annually, and my request for permit should be submitted for approval at least 15 days prior to anticipated movement.

My request continues on page 2

I have been moving my cattle pasture-to-pasture from and to the described premises for _____ years,
(NUMBER)

and my last permit was in _____
(YEAR)

Are the premises described above securely fenced? ☐ Yes ☐ No

My cattle will be commingling with others' cattle: ☐ Yes ☐ No

If yes, my cattle are commingling with cattle belonging to: _____

The veterinarian who ordinarily does my work is: _____ His phone number is: _____
(VETERINARIAN NAME)

I hereby certify that the cattle to graze are from an established breeding herd and have not been assembled within the past six months. I further certify that any purchased additions to this herd have been tested negative for *Brucellosis* prior to entry into the herd. I understand that no trader cattle are permitted.

SIGNATURE OF OWNER/APPLICANT	DATE SIGNED
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This completed form along with approval by the state veterinarian of the state of origin/destination will constitute state permission for the pasturing and return of described cattle to the state of origin. A copy of the completed form will be forwarded to the owner/applicant.

(OFFICE USE ONLY BELOW DASHED LINE)

PERMIT APPROVAL

OFFICIAL OF STATE OF ORIGIN		
I recommend that a permit be: <input type="checkbox"/> Granted <input type="checkbox"/> Not granted		
SIGNATURE OF STATE OFFICIAL		TITLE OF STATE OFFICIAL
DATE RECOMMENDATION MADE	RETURN PERMIT NUMBER	VALID UNTIL (DATE)

OFFICIAL OF STATE OF DESTINATION	
I hereby approve your application for movement of the cattle as specified in your application upon the recommendation of your state veterinarian.	
SIGNATURE OF STATE OFFICIAL	TITLE OF STATE OFFICIAL
DATE APPROVED	PERMIT NUMBER
OTHER CONDITIONS OF MOVEMENT	